

STATE OF NEW HAMPSHIRE 2017 Statement of Income and Expenses for LOBBYISTS (RSA Chapter 15)

RECEIVED

JUL 26 2017

PLEASE PRINT

NEW HAMPSHIRE DEPARTMENT OF STATE

I. Name of Lobbyist(s) Stuart I	D. Trachy	,	
11. Name of lobbyist's partnership	, firm or corporation, if a	ny:	
(Name of partners	nip, firm or corporation)		
Two Eagle Square	Concord	NH	03301
Business Address: (Street)	(Town/City)	(State)	(Zip Code)
(603) 520-0822		email strachy@aol.con	n
(Telephone)	(Fax)	cman _structify(e,do1.501)	*
III. This statement covers: (Choos reportable expense transactions w	hich are not attributable		
NH State Chiropractic Society	y	s on the Lobbyist Registration For	
<u>OR</u>		obbyist's family), or the lobbying f	
IV. Date of Report April 26, 2 Reports cover: activity from date of October 2: activity from 7/2	f registration to 3/31/17 5, 2017 🔲	July 26, 2017 (2) activity from 4/1/17 to 6/30/17 January 31, 2018 (1) activity from 10/1/17 to 12/31/	17
V. There have been no fees receive If this box is checked, complete just Concord, NH 03301.	ed and no reportable tran this form and submit it to t	sactions made since the last repo he Secretary of State's Office, State	rt. 🖟 2 House, Room 204.
If you have paid an honora	or made expenditures, you arium or reimbursed expen	must file Addendum A— Fees and ses, you must file Addendum B— Feen and contributions, you must file Addender	Report of Honorariums or
Sworn Statement/Affirmation by I have read RSA 15, RSA 15-B and the best of my knowledge and helief (Signature of lobbyist) Stuart D. Trachy	RSA 664 and hereby swea	r or affirm that the foregoing inform 7/3/ (Daye)	
(Print Name of lobbyist)			